

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10915894

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11						
12						
13						
14	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	13	↔	↔	↔		
TOTAL CLAIMS	16	██████	██████	██████	██████	██████

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

*	IND	DEP	*	IND	DEP	*	IND	DEP
51								
52								
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100								
TOTAL IND.			↔					
TOTAL DEP.			↔					
TOTAL CLAIMS			↔					